

## Bulletin

## **Michigan Department of Community Health**

**Distribution:** Practitioners 03-06

(Physicians, Advanced Practice Nurses, Physical Therapists, Medical Clinics,

FQHCs/RHCs/IHCs, Oral Surgeons, Podiatrists)

Hospitals 03-11

Issued: August 15, 2003

Subject: Elimination of Medicaid Local Procedure Codes and Conversion to National

Procedure Codes for Practitioners

Effective: October 1, 2003

**Programs Affected:** Medicaid, Children's Special Health Care Services

This bulletin is to notify you of the procedure coding changes for practitioners that will be implemented by the Department of Community Health for dates of service on or after October 1, 2003. For dates of service prior to October 1, 2003, the Medicaid local procedure codes for practitioners will continue to be used. All Medicaid local procedure codes will be eliminated for practitioner services provided on or after October 1, 2003.

Listed below are the Medicaid local procedure codes being eliminated. All practitioners must use nationally standard procedure codes and modifiers for dates of service on or after October 1, 2003. NOTE: The units of service for the national procedure codes may differ from the units of service for the local procedure codes in some cases.

Refer to your 2003 CPT and HCPCS codebooks for the full descriptions of the national codes and for additional guidance for their use.

Information regarding fee screens and coverage parameters (when appropriate) for covered codes will be posted on the DCH website when available. The website address is <a href="www.michigan.gov/mdch">www.michigan.gov/mdch</a>, click on Providers, Information for Medicaid Providers, Medicaid Fee Screens.

Local Code	Old Short Description	Code Effective 10/01/2003
X7930	Radioisotope, Gallium 67	Use Q3002
X7932	Radioisotope, Technetium 99	Use appropriate A95XX code
X7933	Radioisotope, Iodine 123	Use A9516
X7934	Radioisotope, Iodine 125	Use 78990
X7936	Radioisotope, Xenon 133	Use Q3004

Local Code	Old Short Description	Code Effective 10/01/2003
X7938	Radioelement, Indium 111	Use A4642, A9507, A9522
X7939	Technetium 99 ECD, Neurolite	Use Q3003
X7940	Technetium 99 HMPAO, Ceretec	Use A9521
X9250	Bumetanide, Bumex up to 0.5 mg	Use S0171
X9253	Inj., Butor Tart, Stad, up to 2 mg	Use S0009
X9255	Inj., Nafcillin Sod, up to 500 mg	Use S0032
X9410	Pediatric Multi-Channel Recording	Use 94799
X9410/26	Pediatric Multi-Channel Recording/Prof	Use 94799/26
X9410/TC	Pediatric Multi-Channel Recording/Tech	Use 94799/TC
X9513	Isuprel, up to 10 ml	Use J7658, J7659
X9514	Mucomust, up to 4 ml	Use J7608
X9515	Bronkosol, up to 10 ml	Use J7648, J7649
X9770	Aquasol A, 250,000 Units	Use J3490
X9774	Ascorbic Acid, up to 500 mg	Use J3490
X9790	Calcium Chloride, up to 10 ml	Use J3490
X9870	Pyridoxine, up to 1000 mg	Use J3490
X9882	Thiamine HCl, up to 100 mg	Use J3490
X9884	Thyroxine, up to 10 ml	Deleted
X9886	Velosef, up to 500 mg	Deleted
X9930	Lupron Depot Ped, 7.5 mg	Use J9217
X9931	Lupron Depot ped, 11.25 mg	Use J1950
X9932	Lupron Depot Ped, 15 mg	Use J9217

## **Manual Maintenance**

Please retain this bulletin for future reference.

## **Questions**

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231 or e-mail <a href="mailto:ProviderSupport@michigan.gov">ProviderSupport@michigan.gov</a>. When you submit an e-mail, be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll free 1-800-292-2550.

**Approval** 

Paul Reinhart, Director

**Medical Services Administration**